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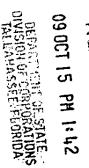
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	me)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	

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J. BRYAN

OCT 15 2009

EXAMINER

09 OCT 15 PH 1:53
SEGRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

	legistration Sectio Division of Corpor				
SUBJECT	Juan	Sanc 1 Name of Limi	ited Liability Company	try LLC	
The enclos	sed Articles of Orga	unization and fee(s) are	submitted for filing.		
Please retu	rn all corresponder	nce concerning this ma	tter to the following:		
	Juan	Sanchoz	Name of Person	O9 OC	- ~44
, -	Juan	Sanohe		TIS I	-
	00011	JOING NO	Firm/Company	- MC 3	_ []
_((604 Ch	orry Hill	(ane Address	LORIDA LORIDA	1
To	Illaha Se	e FC	323)2 ty/State and Zip Code	, pr	.
	Е-і	mail address: (to be used	for future annual report notification	1)	
For further	information concer	ming this matter, pleas	e call:		
Jun	Single Name of Pers	2	at (<u>850</u>) <u>284</u> -	CO 94	
	Traine of Lety.		Area code & Dayume 1	Ctephone (vantoe)	
Enclosed is	s a check for the	following amount:			
\$125.00 F		30.00 Filing Fee & rtificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
	Reg Div	iling Address istration Section ision of Corporations . Box 6327	Street/Courier Addre Registration Section Division of Corporation Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Must end with the words "Limited Liabil	fity Company," "L.L.C.," of "LI.C.")	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
1604 Cherry Hill Care Talla Hosser F.L 32312	1604 cherry Hillane Tallahussee FL 32312	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	i Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another	
The name and the Florida street address of the r Tuen Sante Name 1604 Alerby Florida street address (P.O.	90CT 15 LAHASSI	
Talla kassee City, State, a	FL 32312 SED 53	J
	accept service of process for the above stated limited this certificate, I hereby accept the appointment as	7

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address: Juan Sanchez
M 5 RM	1604 cherry Hill Lune Jahuhassee FL. 32312
	A DE CO
	AFR SEE
	0.03
(Use attachment if necessary)	
LE V: Effective date, if other than the	D W
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIONA
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with so	e date of filing: De specific and cannot be more than five business day Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury